



Dear Friends,

We've been surprised in the past few weeks to see the phrase "false memory" or the letters "FMS" in unusual places. Did you know, for example, that there is a music group called "Retractor" that formed in 2004 and that they have a song called "A False Memory?" We have ordered the CD, but readers may find it on the internet.<sup>[1]</sup> Is there a story behind this group? We would really like to know.

This month, a member forwarded us an email "scam" that she had received that is in a completely different context. It included the statement: "Through FMS office ...you are among people approved to be paid half of their payment of USD \$8million dollars." Not this office! Don't believe all that you read!

Of more serious concern are the many websites and blogs that exist that may either mislead readers into thinking the site reflects the Foundation positions or to misinform readers because of incorrect information about the subject. The first such site, to our knowledge, was set up by a social worker and actually uses the letters "FMSF." She "grabbed" the letters before the Foundation had initiated its own site. What can be done about such situations in a nation that treasures "free speech?" Even if it is possible to do something, are the time and resources worth the effort?

In the case of the website that uses "FMSF," the content makes it obvious that the site is opposed to the notion of false memory syndrome. More important, in our estimation, is that this particular site shows no evidence of taking professional responsibility for the harm that can be done to patients with the use of risky therapeutic techniques such as repeated attempts to recover abusive childhood memories. To us, this particular site seems a pathetic effort. Other sites have similar content or repeat personal rumors that have long since been answered.

On the other hand, some people, high school students for example, may not necessarily have the breadth of experience to discriminate between those sites offering credible

information and those offering distorted information. Indeed, this is a problem exacerbated by the amazing amount of information available at a "click" and a problem that extends far beyond the topic of false memories. We don't have a solution, alas, other than to continue to try to educate people about what constitutes good science in our area of concern. That effort is and will necessarily continue to be ongoing. If you come across a web site that seems especially pernicious and you think that it warrants some notice, write to us with suggestions. Perhaps a section of the FMSF web site could be devoted to that effort. On the other hand, it may provide the offending web site greater exposure than it would have if ignored. Educating people is the job of all FMSF members, not just those of us in the office.

It has been your efforts, families and professionals, that have propelled the topic of false memories to the forefront of psychological research. Henry Roediger, Ph.D., FMSF Scientific Advisor, is one of the researchers who has made an enormous contribution to the effort. (p. 16) Professor Roediger recently received the prestigious Warren Medal from the Society of Experimental Psychologists. The presenters noted that Roediger's work "has become a central thrust in the study of false memory—one of the most exciting and important new areas of research in cognitive psychology and cognitive neuroscience in the last 30 years."

In October, a new book by FMSF Scientific Advisor Paul McHugh, M.D. will be published: *Try to Remember: Psychiatry's Clash Over Meaning, Memory, and Mind*. The

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The next newsletter will be sent in October.

new book should go a long way toward educating the public about the problems that resulted in the false memory phenomenon and about the professional changes required to prevent it from happening again. But in that same month, a 20th Anniversary Edition of *The Courage to Heal* will also be published in the United Kingdom. Ultimately, the truth of the science will replace the popular mythology about memory. Progress, unfortunately, often seems hampered by the popular media.

The battle for understanding goes on. We now need a metaphoric ladder to reach the top of the pile of research papers on our desk that we really want to write about. We hope that you will find the articles summarized in this issue as fascinating as we do. On the other hand, you will also see that the popular media's love affair with recovered memories shows no signs of ebbing. In May, Oprah featured a program about the use of hypnosis to help people remember their past lives. We have reprinted letters to her from the FMSF and from several of the FMSF Scientific Advisors. (p. 3)

CBS finally aired its remake of the movie *Sybil* in June. (p. 11) Most reviews were lukewarm. One negative review made us laugh: "I could say it's the worst movie I've seen in some time, but I'd prefer to say it's the best at being not good."<sup>[2]</sup> Two years ago, the Foundation sent a letter to CBS citing all the research now available that discredited the diagnosis of *Sybil* as a multiple personality and challenging them to update the story to reflect the fact that *Sybil*'s "memories" were the result of suggestive therapy in combination with hypnosis and drugs.<sup>[3]</sup> In its way, CBS did something. As the movie concluded, on the screen appeared first: "During that time, multiple personality disorder became accepted as a viable psychiatric evaluation." The next screen noted: "Many colleagues continued to believe that she [Wilbur] herself created the personalities assigned to her patient." The last screen shows people finding the paintings that were done by *Sybil* while the following words appeared: "Finding her pictures created in a diversity of styles, giving support to the belief that they were painted by many different artists using the same hand." In other words, the different styles of the paintings were presented as evidence that they were painted by different personalities.

Football star Herschel Walker's memoir about his multiple personalities was published in April: *Breaking Free: My Life with Dissociative Identity Disorder*. (p. 4) Walker has a somewhat idiosyncratic interpretation of the notion of multiple personality, but the very fact that such a famous person claims that it was his multiple personalities that were responsible for his success will likely inspire others. "Hey! If multiple personalities can make Walker famous, maybe if I find my multiple personalities, I'll be successful too!"

So many aspects of the "memory wars" seem contradic-

tory. On the one hand, scientists have leapt forward in understanding false memories, and we have reported that they tend to agree about what they have learned. On the other hand, on page 19 there is a quote that says: "We are no closer to consensus regarding the topic of false memory than we were a decade ago."<sup>[4]</sup> Are we or not? Much depends on the context. Memory researchers are in general agreement about most aspects of false memories. These researchers have rigorous standards of scholarship and what constitutes good research. Others come to the discussion with a different standard of evidence. They are more willing to accept anecdotal reports. The lack of consensus between these groups continues to fuel the "memory wars" and consequent legal applications.

Is there room for optimism? Sure. Compared to a decade and half ago, the situation is vastly improved. The explosive growth of false memory cases has receded to a steady trickle. Is there room for concern? Sure. There seems no let up in the popular media's love for recovered memories. The hypervigilance of people about anything connected with sexual abuse still leads to loss of common sense. A school district recently charged abuse based on the readings of a psychic. (p. 12). A recent campaign in Hampton Roads, Virginia to educate adults on how to spot sexual offenders, features a male adult hand holding a child's hand. What sort of message is that?

Thanks for all that you have done over the years to help bring reason to this area. And thanks for keeping up your efforts.

1. Vagrant Story Music - A False Memory on You Tube at <http://www.youtube.com/watch?v=l79RYL-SLHw>.
2. Alston, J. (2008, June 9). The return of 'Sybil.' *Newsweek*, 63.
3. That letter is available at <http://www.FMSFonline.org>.
4. Bremner, J.D. (2008). Neurobiology of trauma and memory in children. In M.L.Howe, G.S. Goodman, D. Cicchetti (Eds.). *Stress, Trauma, and Children's Memory Development Neurobiological, Cognitive, Clinical and Legal Perspectives*. NY: Oxford University Press, 11-49.

**Pamela**

### **Don't Miss It! Coming in October, 2008**

*Try to Remember: Psychiatry's Clash Over Meaning, Memory, and Mind*

Paul McHugh, M.D., Washington, DC: Dana Press

### **Foundation Audit**

We have received the audit for the fiscal year March 1, 2007 to February 28, 2008 as provided by Goldenberg Rosenthal, LLP, the CPA firm that audits the books and financial statements of the Foundation. The Foundation spent \$168,388 in the fiscal year, of which 77% went to program activities, 23% went to management of the office, and less than 1% went to fund raising.

## Psychiatry as Entertainment: Oprah Features Past Life Regression

On May 13, 2008, the “Oprah” television program featured Brian Weiss, M.D., who, as readers may recall, is the Yale Medical School educated doctor who uses age regression techniques to suggest to hypnotized patients that they can recover memories of their past lives. Several *Newsletter* readers asked the Foundation to write to Oprah about this program. Below are two letters. The first is a letter from the FMSF and the second is a letter from Robert Karlin, Ph.D., John Kihlstrom, Ph.D. and Emily Orne. Karlin and Orne are FMSF Scientific Advisory Board members. To date, no replies have been received.

Dear Oprah:

You are a powerful leader and often help to raise awareness of important issues with your program. You do the public a great disservice, however, when you give credibility to the notion of “past life regression.” (May 13, 2008 program featuring Brian Weiss, M.D.)

There is a vast amount of scientific research on the topic of hypnosis and past life regression. Although proponents may act in good faith, they are clearly ignorant of what science has shown. People do not experience past lives; they experience suggestion and imagination.

Past life regression is entertaining. It may even be good for ratings. But it is not good to mislead the public about medicine and science. The processes and beliefs that are involved in past life regression are those that have caused the disastrous false memory problem that destroyed thousands of families. There are excellent uses of hypnosis. Why not have a program about these?

I am enclosing a recent article from *Scientific American* (1995, June) by professors Robert Nash and Grant

Benham called “The Truth and the Hype of Hypnosis.” I suggest that you contact the authors before launching another episode of pseudoscience. They write:

“Readily hypnotized subjects... can routinely be led to produce detailed and dramatic accounts of their first few months of life even though those events did not in fact occur and even though adults simply do not have the capacity to remember early infancy. Similarly, when given suggestions to regress to childhood, highly hypnotizable subjects behave in a roughly childlike manner, are often quite emotional and may later insist that they were genuinely reliving childhood. But research confirms that these responses are in no way authentically childlike—not in speech, behavior, emotion, perception, vocabulary or thought patterns. These performances are no more childlike than those of adults playacting as children. In short nothing about hypnosis enables a subject to transcend the fundamental nature and limitations of human memory. It does not allow someone to exhume memories that are decades old or to retract or undo human development.” Page 53, 55

Sincerely,  
Pamela Freyd, Ph.D.  
\* \* \*

Dear Oprah,

We are afraid that Dr. Weiss’ presentation on your May 13th program may have misled members of the public. So, we wanted to relate a little of what scientific psychological research says about hypnosis and past-life regression. The question is not whether or not people live more than once; science remains silent on what happens before conception or after life ends. Rather, it is the relationship of the tool (hypnosis) and the context (memory for what happened to someone before this lifetime) that are highly problematic. Briefly, hypnosis can enable an individual to create plausible memories for the remote past that have no relationship to historical reality.

Any medical resident or psychology graduate student, given a few hours of training and a standardized script, can induce hypnosis in the large majority of willing participants. Using age regression suggestions, that student and a hypnotized, normal adult can then generate memories of infancy, birth, time in the womb and previous lives. For a significant minority of participants, such memories will be vivid, detailed and superficially convincing.

However, it is also true that the same student equipped with a slightly altered script can take hypnotized people into the future, even into a future life. In age regression, one might suggest to the hypnotized person (for example), “It is no longer 2008 or even 1998 or 1988. Rather it is 1808. Tell me where you are and what you see.” To change this to age progression instructions, one might say to a similarly hypnotized person, “It is no longer 2008 or even 2018 or 2028. Rather it is 2208. Tell me where you are and what you see.” (In both cases many different wordings are possible, but the essence remains the same.) If the suggestions are for age progression, future lives may be described by the hypnotized person with the same detail and vividness as past ones and future events predicted with great certainty. Thus, memories for future events can be created just as can memories of past ones. Similarly, one can age progress a hypnotized individual into next week and have them read next Monday’s newspaper. Unfortunately, betting large sums on that newspaper’s reports of next Sunday’s baseball games or golf tournament does not lead to increased wealth.

What one is generating in age regression to infancy and earlier and in age progression is vividly imagined fantasy that is experienced as real. The translation of such fantasy into memory is an interesting process. Memory for the central events of what happens to a person is usually pretty good. Memories fade with time, details are mutable, and vividness has an unclear



relationship to historical accuracy; but, we remember what happens to us pretty well. Memory for what has happened must be good; if our ancestors did not remember in which part of the forest the tiger prowled, they were more likely to wind up as lunch, not as our ancestors.

But like most of our mental functions, memory has vulnerabilities. Interestingly, our sense of remembering something is most vulnerable when there is little or nothing to remember. Sleep, early infancy and before and tomorrow or later are among the times when there is literally nothing available to conscious awareness as memory. For example, no "truth serum" or psychological procedure, including hypnosis, can bring back veridical memories of one's own birth, never mind anything that occurred before it. However, among at least 20% of normal adults, when there is a period of no memory, one can metaphorically "paint on a blank screen." Age regression or progression suggestions in an appropriate setting will result in detailed memory of what can only be fantasy.

One role of hypnosis in such fantasies is to legitimize suggesting them in the first place. Let us continue to use birth as an example. People know they can't remember what happened when they were born, so they don't try. With hypnosis, one has permission (and even an invitation) to try to remember and authoritative sources (e.g., the hypnotist) who expect one to actually do so. Given that set and setting, a highly hypnotizable person will experience themselves being born and is often able to relate the conversation in the delivery room. Unfortunately, like memories of next Sunday's baseball game, the relationship of such memories to what really happened is limited to what people have been told about their birth by parents and others, their knowledge of the birthing process and by their own desires, fears, and needs. Aside from these factors, birth memories have no relationship to historical reality, to what really happened.

Hypnosis can produce spectacular phenomena, including hallucinations and analgesia [inability to feel pain while still conscious] in response to simple verbal instructions. This interests scientists and many of the best scientific psychologists and psychiatrists of the past 125 years, from Sigmund Freud to some of modern psychiatry and psychology's brightest lights (e.g., Erika Fromm of the University of Chicago, Josephine and Ernest Hilgard of Stanford University, and Emily and Martin Orne of the University of Pennsylvania) have studied hypnosis. Among other things, they learned that hypnosis can fool you and requires highly sophisticated and thoughtful research methodology. *The International Journal of Clinical and Experimental Hypnosis*, which Martin Orne, MD, Ph.D edited for 30 years, is widely cited in academic psychology journals. Hypnosis research has had a significant and lasting impact on social science research because of its emphasis on sophisticated and careful research with human participants. Thus, we know quite a bit about many aspects of hypnotic phenomena.

However, for the last two and a quarter centuries, hypnosis has also been an area in which credulous healers of many types have used the spectacular nature of the phenomena to fool themselves and others. Many such have been well intentioned, as Dr. Weiss seems to be. However, there are no people who can run two minute miles and jump 30 vertical feet. The organism has limitations. Similarly, there are no hypnotists who can help people recover veridical memories of birth, never mind of previous lives.

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Note: Each of the authors is an internationally known and respected authority on hypnosis and hypnotic phenomena. CVs are available by request.



### **Multiple Personalities Made Me Successful**

*Breaking Free: My Life with  
Dissociative Identity Disorder*

Herschel Walker with Gary Brozek and  
Charlene Maxfield. Foreword by Dr. Jerry  
Mungadze. (2008). Simon and Schuster

Americans seem to have an insatiable appetite for stories about multiple personality disorder (MPD). It doesn't matter that the credibility of the diagnosis (now called dissociative identity disorder or DID) has been thoroughly undermined both at the scientific level and at the personal level in almost all cases that have been examined. When individual stories are investigated, they collapse as reviews of previous memoirs in this newsletter have demonstrated. *First Person Plural* (1999) by Cameron West, *A Fractured Mind* (2005) by Robert Oxnam, *Switching Time* (2007) by Richard Baer are some of the more recent stories continuing in the tradition started by *Sybil*. *Sybil* has been shown to be the product of suggestion, hypnosis, and drugs. The others also have serious flaws.

The most recent addition to the list of MPD /DID memoirs is *Breaking Free* by football legend Herschel Walker. Walker's story, however, does not follow the familiar blueprint of such memoirs: not only was Walker never sexually abused, he had incredibly supportive parents. (p. 29)

Walker came from a poor family in Georgia. As a young child, he was fat, but making matters worse, he had a debilitating stutter that affected his schoolwork and social life. His classmates teased him cruelly: "H-H-H-Her-sh-sh-sh-el the g-g-girl-sh-sh-sh-el." Anyone who has ever been teased

can sympathize.

Between his seventh and eighth grades, however, Walker turned his life around by starting to run. His older sister was a terrific runner, and he modeled his activity on hers, but he did it in secret. Walker lost weight and became a fine athlete. By reading out loud every day with his mother, he overcame his stutter and, as a consequence, became an A student. Herschel's inner strength, focus, and determination that brought about these changes were the characteristics that would later skyrocket him to success, wealth, and fame.

Walker however, does not assume responsibility for his accomplishments. He attributes both his accomplishments and his failures to his multiple personalities.

"I do know that without DID, I would probably not have been able to endure all the taunting and teasing from my classmates. With DID, I was able to find a safe space I could go." (p. 62)

Walker won the Heisman Trophy in 1982 when he was only a college junior. An event that gives even non-sports fans an idea of his reputation was his 1989 trade by the Dallas Cowboys to the Minnesota Vikings. One Herschel Walker was traded for five veteran players and eight draft choices in return.

Football and winning were Walker's passions. Although he adored his wife, his dedication to his work absorbed him. Not surprisingly, Walker began to have problems after he left professional football in 1997. "All I know for sure is that when I stopped playing football, it was hard for me to shift gears." (p. 211) He and his wife drifted apart. He bought a gun and played Russian roulette in secret, something totally uncharacteristic for him. He lost his sense of perspective and, at one point, for a most trivial reason, felt that he wanted to kill someone for touching his car.

A chance occasion turned his life around in 2001 when he was reintroduced to Jerry Mungadze, Ph.D. at a dinner party. Herschel had known Mungadze 20 years earlier when Mungadze was a recently arrived student from Kenya on a track and field scholarship. The two men were competitive runners and got to know each other at competitions. Herschel learned that Mungadze had become a psychologist, and so it was to him that he turned for help. As fate would have it, Walker had turned for help to one of the more infamous excavators of memories and diagnosers of multiple personality. Mungadze runs a Christian dissociative clinic in Texas and over the years has participated in the community of satanic ritual abuse believers. But Herschel knew none of this.

Soon after starting therapy, Walker learned the reason for his problems. "Truth be told, until I was diagnosed with the disorder in 2002, I had never heard of it." (p. 12)

As have others, Walker appears to have become obsessed with his diagnosis, wanting to share it with the world. His understanding of DID is somewhat idiosyncratic, however, and he is not always consistent in what it is and how it works. For example, on page 15 he writes: "When a person has DID, they either consciously or unconsciously create another identity in order to dissociate from some painful, traumatic events." But on page 25 he comments: "All of the dissociation and formation of alters takes place at the subconscious level." (Or maybe what this shows is that neither the ghostwriters nor the editors know much about dissociation either.)

In *Breaking Free*, Herschel Walker has rewritten his life from the perspective of someone with DID.

"I am recounting my life as best as I can recall it through the filter of this diagnosis of DID...In looking back, I can see how these many alters may have acted on my behalf at certain

points in my life, but I also have to say that I was unaware of their presence in those moments." (p. xv)

Walker is a truly amazing person but appears unable to accept responsibility for his success. He attributes his determination, his perseverance, and his focus to alters that he developed. For example, because he never used drugs, he had his wisdom teeth extracted with no medication. He explains that he was able to do this because he had an alter to endure the pain. On the other hand, Walker also attributes the deterioration of his marriage to his alters. There is some consistency at least.

*Breaking Free* was written with two ghostwriters, Gary Brozek and Charlene Maxfield. Herschel Walker comes across as an honest, interesting, complicated, highly driven person about whom one would like to know more. It seems a waste that Walker's truly amazing life story is diluted both by "ghost" language that loses his voice and by the inclusion of multiple personality psychobabble.

□

### A Cautionary Tale

In December 2003, "Richard Black" walked away from the Utah prison that had been his home for the previous decade. His release should have marked the end of his ordeal of being falsely accused of sexual abuse. Although Black's reentry into society is one of the most successful stories that we have yet heard, his ordeal is not yet over. Maybe it will never be over. This is a brief account of the events that led to Richard Black's incarceration and of the accomplishments and challenges he has experienced since regaining his liberty. It is a cautionary tale.

In 1992, Richard was a 25-year-old who had just completed a prestigious post graduate fellowship with faculty from Stanford Medical school, an ambitious and enthusiastic social

worker and family therapist, and an expert on dealing with gifted and talented children. He appeared to be on the fast track to success, a path that had begun in high school and continued through college and his professional training, a path strewn with accolades from those with whom he worked. But Richard's dreams and hopes evaporated in 1992 when a teenager told the police that Richard had abused him. The teenager had been Richard's client two years earlier.

The evidence of Richard's innocence of the accusations is overwhelming. Many of his records are in the Foundation files. The young man who made the accusations already had a criminal history, including the sexual abuse or rape of ten victims, most of them minors. He was later sent to prison. His actions and his psychological tests indicated that he was extremely anti-social and a pathological liar. The times and places of the incidents he claimed the molestation occurred are highly improbable, given the many people who would have been present. Indeed, there is compelling evidence that the alleged victim actually recovered his "memories" of abuse with the help of a therapist.

How could Richard Black have been convicted given the lack of evidence? This was 1992 when an accusation of sexual abuse was as good as a conviction. "Why would someone make such a horrible accusation if it wasn't true?" was a rallying cry. "Children don't lie!" was the mantra. The professional who excavated the alleged victim's recovered memory was obsessed with finding sexual abuse.

Richard hired two lawyers who were considered to be some of the best defense attorneys in his city, but those attorneys, it was later discovered, believed that Richard was guilty. As a consequence, they did no investigation; they planned no defense. They recommended that Richard take a plea.

Richard and his family had no experience with the criminal law. They had hired attorneys they believed to be experts and, thus, followed the attorneys' disastrous advice.

Richard continued his education while incarcerated, moving into an entirely new field dealing with computers and information technology. He contacted the FMS Foundation in 1994 and gradually came to understand both the cruelty of the rampant hysteria and the inadequate legal representation that devastated his life. During these years in prison, Richard had something important going for him—his family and friends tirelessly championed his innocence. Unfortunately, appeals went nowhere. In early 2002, Richard finally met the Parole Board and a member of that board believed his claim and the evidence of his innocence. That Parole Board member started to make inquiries, and one and one-half years later, Richard was released.

After his release, Richard served a two and one-half years of parole period without a problem. He continued the studies begun in prison, received a prestigious fellowship, worked as an assistant in the University Dean's office, and went on to earn a Ph.D. He fell in love, got married, and now is expecting his first child. That should be the happy ending.

Sadly, in our society Richard is not yet free. The draconian laws governing people once convicted of a crime of sex abuse prevent him from working except as a contractor. They prevent him from pursuing his dream of teaching at the university level. The registered offender laws prevent him and his family from living a normal life because they must always fear that

If any reader is interested and able to help Richard find employment in the information technology field, please contact the FMSF and we will forward your message.

neighbors will try to chase them away.

Richard's mom continues her efforts to hold accountable the therapist whose obsession resulted in the accusation and the attorneys who did such a miserable job representing him. She recently picketed the attorneys' office and visited the license board of the state to which the professional eventually moved. But not much has changed.

A false accusation of sexual abuse in our society lasts a lifetime.

1. Richard Black is a pseudonym used in order to protect his family.
2. For an interesting analysis of the role of the media in the passing of sex offender laws see: Horowitz, E. (2007). Growing Media and Legal Attention to Sex Offenders: More Safety or More Injustice. *The Journal of the Institute of Justice & International Studies*, Number 7, 143 -158. Note the increased frequency in the media of the terms "sexual predator" and "sex offender." Paper available at: <http://www.ncrj.org/SafetyOrInjustice.html>

"Table 1 from the Horowitz paper  
Frequency of "sexual predator" and "sex offender" in headlines, lead paragraphs, or terms of U.S. newspapers, 1991—2006

"Year	Frequency of "Sexual Predator"	Frequency of "Sex Offender"
1991	107	536
1992	96	789
1993	167	1,019
1994	452	1,760
1995	453	2,336
1996	913	4,123
1997	1,710	5,010
1998	2,131	6,096
1999	2,227	7,116
2000	1,400	4,795
2001	1,575	5,802
2002	2,273	7,098
2003	2,113	8,699
2004	2,040	9,645
2005	3,501	15,822
2006	5,006	15,558

Source: LexisNexis, 2007.

The increase is unrelated to any increase in crimes during the same period.



### Are Emotional Memories More Likely to Be Reliable?

Laney, C. and Loftus, E.F. (2008). Emotional content of true and false memories. *Memory*, 16 (5), 500-516



It is often assumed — even by professionals in psychology and the legal system, that the emotional content of memories is an indicator of their veracity. But are emotional memories more likely to be accurate? In this set of studies designed to examine the relationship between emotion and false memories, Laney and Loftus seek to answer this question.

In this study, false memories for one of three emotional childhood events were compared with participants' true memories. Three initial studies identified the emotional events plausible to subjects but not so common that most would already have necessarily experienced them. Three critical memory items were used in the main study: 1) you were hospitalized overnight (besides when you were born), 2) you caught your parents having sex, 3) you witnessed a physically violent fight between your parents.

Study participants (301 undergraduate students) rated their memories for life events and rated the emotionality attached to the experiences on questionnaires. Then they were randomly assigned to groups (3 for each critical memory item) according to whether they were rated as having true memories or potential false memories for the events. This included control groups. A bogus 'profile' was created for subjects, and for those assigned to the manipulation group, it contained information about the critical event that they had not experienced. During the next session, participants engaged in

exercises designed to encourage elaboration of the false memory for the critical item.

Thirty-nine of the 165 (23.6%) of the participants in the critical event manipulation group developed false memories for the event, with moderate levels of confidence in their false memories. When comparing the emotionality of true and false memories for the same events, true and false memory subjects showed virtually no difference in two out of three measures of emotionality.

The authors note that this research has implications for the legal system. For example, data has shown that mock jurors may believe that genuine emotion signals a genuine memory. This study demonstrates that testimony should not be considered more credible simply because of its emotionality. Witnesses can be confident and highly emotional about false memories. The authors conclude, "...even substantial emotional content may not reliably indicate memory accuracy."



### New Book of Interest

*Stress, Trauma, and Children's Memory Development: Neurobiological, Cognitive, Clinical and Legal Perspectives* (2008)

Mark L. Howe, Gail S. Goodman & Dante Cicchetti (Eds.)

New York: Oxford University Press

The editors of *Stress, Trauma, and Children's Memory Development* have organized a sampling of current research "to (a) focus attention on the impact of stress and trauma on memory development, (b) highlight the consequences of early traumatic experiences for subsequent memory performance, and (c) capture relations of early trauma to other measures of cognitive and clinical functioning in childhood, as well as to the longevity of trauma memories formed early in life."

The book is divided into the sections mentioned in the title and contains 10 chapters and a prologue. As

would be expected from these respected editors, the papers are of high quality.

One paper, for example, explored the role of discrete emotions in an effort to understand the varied results of past studies about children's memory for stressful events.<sup>[2]</sup> First the authors noted the types of situations that have often been used for studying the effects of trauma on memory. They observed that not all children may perceive an event in the same way. If children are with their families during a hurricane, they may not feel fear, but instead feel sadness later when seeing the hurricane's effects. Children who are undergoing a painful medical procedure might be angry with their parents for letting it happen, they might feel fear if they do not know what is happening, or they might be confused. In addition, as children develop, their ability to cope with their emotions will likely change. The authors argue that it is important for future research to avoid a unitary view of distress.

The concluding chapters demonstrate how research in children's memory for stressful events may be or has been applied in clinical and legal settings to benefit children.

The editors do come to some conclusions.

"First, can children remember traumatic experiences? The answer is yes, especially if they occur after the period known as infantile amnesia and care is taken with the manner in which children attempt to recollect this information (including the manner in

"This study demonstrates that False memories, like True memories, can be emotional. Therefore, just because a particular memory is emotional for the person who remembers it, that is no guarantee that the memory represents authentic experience." (p. 513)

Laney, C. and Loftus, E.F. (2008). Emotional content of true and false memories. *Memory*, 16 (5), 500-516.

"We are no closer to consensus regarding the topic of false memory than we were a decade ago." p. 19

Bremner, J.D. (2008)

Neurobiology of trauma and memory in children. In M.L.Howe, G.S. Goodman, D.

Cicchetti (Eds.). *Stress, Trauma, and Children's Memory Development Neurobiological, Cognitive, Clinical and Legal Perspectives*.

NY: Oxford University Press, 11-49.

which others pose questions). However, memories for these experiences are not immune to processes that affect nontraumatic memories, namely suggestion, false memories, interference, and normal forgetting."

"Second, can stress, trauma, and maltreatment affect the course of normal memory development? The growing consensus is yes....." (p. 7)

Overall, then, stress, trauma, and maltreatment can affect memory development as well as memory for the traumatic experience(s). The interactions are often complex and depend on a host of factors.

1. Davis, E.L., Quas, J.A., Levine, L.J. Child-ren's memory for stressful events: Exploring the role of discrete emotions. 236-264.

2. Howe, M.L., Goodman, G.S., Cicchetti, D. Prologue: Turning science into practice 1-8.



### **Taking the "Trauma" out of Posttraumatic Stress Disorder**

Bodkin, J.A., Pope, H.G., Detke, M.J., Hudson, J.I. (2007). Is PTSD caused by traumatic stress? *Journal of Anxiety Disorders*, 21, 176-182.

If a patient presents for treatment showing signs of Posttraumatic Stress Disorder (PTSD), is a doctor justified in attributing the symptoms to prior trauma? One might think so since the condition, as the name suggests, is said to be a result of exposure to trauma.<sup>[1]</sup> Indeed, PTSD is one of the very few diagnoses that assume an etiology.

In a paper that stands the diagnosis of PTSD on its head, Bodkin and colleagues asked, "whether the clinical syndrome of PTSD requires prior exposure to trauma, or whether the same symptom picture can occur in the absence of trauma."

The study was conducted between 1997 and 2001 on patients who presented with major depressive disorder as the primary diagnosis.<sup>[2]</sup> When the patients were screened they were asked questions about symptoms usually asked only if patients reported a history of trauma. If subjects denied experiencing trauma, they were then

asked if they had experienced a prominent period in their lives when they might have been painfully worried about things that could happen or might have happened, such as "death or harm to family members, or thoughts about having something seriously wrong with yourself."

There were 54 subjects who were judged by two blinded raters as having experienced clinically significant trauma. Of these, 42 (78%) met all the other DSM-IV criteria for PTSD. There were 36 subjects who were judged by the raters as not having experienced trauma. Of these, 28 displayed all the other DSM-IV criteria for PTSD – also a rate of 78%.

The researchers conclude that this study adds to "a growing body of literature that raises the important question of whether the symptoms of PTSD are necessarily caused by trauma. Instead, it appears that the symptom cluster currently attributed to PTSD may be a non-specific group of symptoms widely observed in patients with mood and anxiety disorders, regardless of trauma history.

1. "The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate." (Page 424) *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. (1994). American Psychiatric Association.

2. Patients with lifetime histories of psychotic symptoms, bipolar disorder or substance abuse were excluded.



### **How Will PTSD Be Included in Upcoming DSM-V?**

Rosen, G.M., Spitzer, R.L. & McHugh, P.R. (2008). Editorial: Problems with the post-traumatic stress disorder diagnosis and its future in DSM-V. *British Journal of Psychiatry*, 192, 304.

Rosen, G.M. & Lilienfeld, S.O. (2008). Posttraumatic stress disorder: an empirical

evaluation of core assumptions. *Clinical Psychology Review*, 28, 837-868.

Spitzer, R.L., Rosen, G.M., & Lilienfeld, S.O. (2008). Editorial: Revisiting the institute of Medicine report on the validity of posttraumatic stress disorder. To appear: *Comprehensive Psychiatry*.

*The Diagnostic and Statistical Manual-V* of the American Psychiatric Association is due for publication in May 2012. Groups of scientists and clinicians have been working on this project for the past decade. Two controversial diagnoses in past versions of the *DSM* have been particularly relevant to the problem of false accusations that initiated the forming of the FMS Foundation in 1992: multiple personality disorder (now called dissociative identity disorder (DID)) and posttraumatic stress disorder (PTSD). Virtually all of the people who made accusations against their parents based solely on memories recovered in therapy were diagnosed with PTSD. Patients diagnosed with multiple personalities also had PTSD, but the trauma of the alleged sex abuse was said to be so horrible that supposedly the child could survive only by developing alter personalities.

The PTSD diagnosis is distinct in the *DSM* classification system because it assumes that the symptoms have been caused by a particular traumatic event. Other diagnoses do not have a causative event as part of the core assumption of the diagnosis. A 2006 report by the Institute of Medicine on the scientific status of PTSD concluded, however, that there is much evidence supporting the assumptions of the diagnosis.<sup>[1]</sup>

Not everyone agrees. Criticism of the PTSD diagnosis has been growing in recent years as the publication of the updated *DSM* gets closer. The papers cited are examples. Two are editorials whereas the article in *Clinical Psychology Review* is a thorough analysis that sets out full arguments and citations. These papers and others



present a challenge to the *DSM-V* working committee members who are responsible for the PTSD entry. Indeed, they challenge all who are involved with this diagnosis to reflect. After several decades of the use, it is time to ask: "Is there a legitimate reason for its continuation?"

Following are just some of the problems mentioned in the papers:

- The original diagnostic criteria defined PTSD as the "Existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone." By 1994, the diagnosis was much enlarged and did not require that the person actually experience the event. PTSD can result from learning about a serious injury to a friend or family member. It can develop from watching a terrible event on television. Therapists can get it from their patients' stories.

- PTSD symptoms can develop in the absence of a life-threatening event. The symptoms can develop from non-life-threatening experiences such as divorce or financial problems.

- Non event variables or individual vulnerabilities frequently contribute more to PTSD symptoms than does the magnitude of trauma.

- There is no dose—effect with PTSD. In other words, one would expect that a more serious trauma would result in a more serious case of PTSD. That does not necessarily happen.

- Most people who experience traumas do not develop PTSD.

- The rationale for the diagnosis of PTSD is that it is a distinct clinical syndrome. This is seriously challenged by the fact that depression and specific phobias also constitute the requisite criteria for the diagnosis.

- Trauma is neither necessary nor sufficient to produce PTSD.

Why does it even matter if this diagnosis continues in its present form? Perhaps PTSD is not a response to trauma, but rather it is sometimes an

amalgam of other disorders. As Rose, Spitzer, and McHugh comment:

"By narrowing a physician's analysis of causation to a single event, a PTSD diagnosis may downplay or even ignore crucial pathogenic features that are to be found in the broader context of a patient's personality, developmental history, and situational context."

1. Institute of Medicine. Posttraumatic stress disorder: diagnosis and assessment. (2006) Washington (DC): The National Academies Press.



### **Memories for Sexually Traumatic Events Are Not Impaired Compared with Memories of Other Emotional Events.**

Peace, K.A., Porter, S. & ten Brinke, L. (2008). Are memories for sexually traumatic events "special"? A within-subjects investigation of trauma and memory in a clinical sample. *Memory*, 16(1), 10-21.

One of the beliefs that fueled the false memory phenomenon was that people's memories for traumatic sexual events were recalled differently from other memories. In order to study this assumption, the authors of this research compared the characteristics of traumatic memories for sexual violence and two other types of emotional experiences in 44 women recruited from a local sexual trauma agency. They asked each of the women to recall and describe three autobiographical events, a sexual abuse/assault, a non-sexual trauma, and a positive emotional event. They compared the results using both subjective and objective measures.

The results showed that memories for sexual victimization are not impaired when compared to other types of emotional experiences. The researchers found that "memories for sexual trauma were associated with a remarkably high level of vividness, detail, and sensory components." They also found that the quality of the sexual memories lasted decades after the

assaults.

Peace et al. also found that memories of sexual abuse as a child or sexual abuse as an adult had few differences. The stories of child sexual assaults were somewhat less coherent than the stories of adult assaults. People who were abused as children tended to make more claims of prior forgetting when compared to people abused as adults. The authors noted that this could be a result of children processing or encoding the experience in a less coherent manner.

Peace and colleagues noted that research has shown that people who report recovering memories of child sexual abuse might overestimate their prior forgetting.<sup>[1]</sup> The authors observe that memory, repression and fragmented recall could likely have been discussed in the therapy in which the memories were recalled and that this could account for the difference.

Finally, the researchers found that higher levels of traumatic stress were associated with enhanced recall. In sum, the authors found no evidence that memories for sexually traumatic memories are in any way impaired.

1. Geraerts, E., Arnold, M.M., Lindsay, D.S., Merckelbach, H., Jelicic, M. & Hauser, B. (2006). Forgetting of prior remembering in persons reporting recovered memories of childhood sexual abuse. *Psychological Science*, 17, 1002-1008.



### **Does Repression Exist?**

"The debate regarding the existence of repression has focused mainly on clarifying whether people remember or forget trauma. However, repression...is a multidimensional concept...The overall findings from all five domains seriously challenge the classical psychoanalytic notion of repression...[T]he abandonment of repression seems inevitable in light of the comprehensive empirical evaluation presented in this article."

Rofe, Y. (2008).

Does repression exist? Memory, pathogenic, unconscious and clinical evidence. *Review of General Psychology*, 12(1), 63-85.

## Boy Found Guilty of Sexual Assault for Tickling Over Clothes Gets New Trial

R. v. C.L.Y., 2008 SCC 2. January 25, 2008. No. 31811

Decision at:

<http://scc.lexum.umontreal.ca/en/2008/2008scc2/2008scc2.html>

On January 25, 2008, the Supreme Court of Canada overturned a 2007 Manitoba Court of Appeal decision in a molestation case. The case was that of a young girl about six years old who accused her teenage babysitter, C.L.Y., of touching her inappropriately when he tickled her over her clothes. The accusation was made seven months after the alleged incidents. The evidence was “he said, she said.”

The trial judge rejected the babysitter’s evidence and found him guilty of two counts of sexual assault. The judge wrote that after considering the evidence of the girl, the judge believed the girl was telling the truth. When she examined the boy’s evidence, the judge did not believe his testimony about what happened. The reasons she gave for her decision were that the boy was reluctant to admit that he ever tickled the girl and that the boy remembered a “surprising amount of detail” surrounding the events. “The trial judge, believing the complainant, turned to the accused’s evidence and, not surprisingly, disbelieved him.”<sup>[1]</sup> In other words, there was not a presumption of innocence.

The Canadian Supreme Court had 17 years earlier pronounced three steps to help trial Judges in deciding cases such as this:<sup>[2]</sup> Trial judges in their decisions must show that they understand this law although there appears to be some flexibility as to its adherence.

First, if you believe the evidence of the accused, obviously you must acquit.

Secondly, if you do not believe the testimony of the accused but you are left in reasonable doubt by it, you must acquit.

Thirdly, even if you are not left in doubt by the evidence of the accused, you must ask yourself whether, on the basis of the evidence which you do accept, you are convinced beyond a reasonable doubt by that evidence of the guilt of the accused.

The boy’s attorneys appealed the trial decision claiming that by considering the evidence of the girl first, the trial judge had shifted the burden of proof.<sup>[2]</sup> The boy would have had to prove that he was not guilty in order to win the case. In a split decision, the Manitoba Court of Appeal, however, upheld the trial judge’s ruling.

The case then went to the Canadian Supreme Court, which noted in its decision:

“The flaws in this case which does lead to concerns about the fairness of the trial relate to fundamental misapprehensions and mischaracterizations of the evidence leading to the convictions.”

“In reaching the conclusion that C.L.Y.’s evidence did not raise a reasonable doubt in her mind, the trial judge relied primarily on what she said were two features of his evidence: that he was reluctant to admit to any tickling at all, a reluctance she found did not ‘ring true’, and that he remembered a ‘surprising amount of detail’ surrounding the events.”

In fact, court records showed that the boy did admit to tickling. What he denied was that he ever tickled her inappropriately. The trial record also showed that the boy was frequently unable to remember details of what happened. There was nothing surprising about what he remembered.

1. Kapoor, A.K. (2008, January 30). R. v. C.L.Y.: The soft-boiled egg of W.D. Retrieved on June 10, 2008 from

<http://www.thecourt.ca/2008/01/30/r-v-cly-the-soft-boiled-egg-of-wd/>.

2. R. V. w. (D.), [1991] 1S.C.R. 742.



### Why interest in R. v. C.L.Y.?

When FMSF Canadian contact Adriaan Mak sent the decision, he commented:

“This is the least intrusive allegation of childhood sexual assault that I have seen successfully prosecuted in Canada. The case consisted of a simple claim of touching or tickling over clothing on three occasions. There was no evidence. There was no *mens rea* (criminal intent) shown. If we convict with such a lack of evidence, God help any male who touches a child in any manner.”

Assuming, as the judge did, that the now nine-year-old girl was completely credible about her memories from when she was six, all that shows is that she sincerely believed what she was telling the court. It is not proof that her beliefs were true or well founded. The mistake was to focus on the credibility of the witness rather than on what might actually have happened. Could a six-year-old be mistaken if she was touched inappropriately? Had the child recently had good touch bad touch training? Could a nervous parent have twisted what she said and the story change in the retelling? There are many areas that could have been considered.

A person can be blinded by prejudice. When the judge wrote that her decision was based on the fact the boy remembered a “surprising amount of detail,” her bias prevented her from perceiving the court record accurately. The judge’s reasoning that the boy was guilty because he was reluctant to admit that he ever tickled the girl, is another way to say that a person is guilty because he or she denies the act. There is no room for innocence in that reasoning.

## Sybil

### TV-Movie Remake – Finally

On Saturday June 7, 2008, CBS finally aired its remake of the 1976 television movie *Sybil*. Originally scheduled for release more than a year ago, it had already aired in some foreign markets before its release in the United States. The movie stars Jessica Lange as Dr. Cornelia Wilbur and Tammy Blanchard as Sybil. Both the original movie starring Sally Field and Joanne Woodward, and the remake were based on the 1973 book *Sybil* written by Flora Rhea Schreiber.

Reviews of the movie have been mixed, with the majority seemingly lukewarm. Positive reviews tended to focus on the performances of the actors and on the story of Sybil's alleged emotional and physical torture.

A number of reviewers asked why CBS would bother to remake the four-hour 1976 blockbuster since it was given only two hours. One reviewer observed that the remake: "is told at such high speed that it becomes more psychiatric variety show – for our next number, Sybil as a boy!—than the careful excavation of a mind through the life-changing relationships of patient and doctor, which made the original so unforgettable." [1] Another reviewer wrote that he thought the retelling: "was hatched to give actress Tammy Blanchard a big vehicle to suit

"No remake can replicate that kind of jolt. But even those who weren't alive in 1976 have the ghost to contend with. Today dissociative identity disorder (as Sybil's problem is now called) is just another condition in the psychiatric pantheon, largely because of the visibility brought to it by "Sybil" and the 1973 book by Flora Rheta Schreiber on which the movie was based.

Genzlinger, N. (2008, June 7). Meeting the twin sister of a multiple personality. *New York Times*.

Retrieved on June 8, 2008 from [http://www.nytimes.com/2008/06/07/arts/television/07sybil.html?\\_r=1&oref=slogin](http://www.nytimes.com/2008/06/07/arts/television/07sybil.html?_r=1&oref=slogin)

her big talent." [2] A few reviewers said that they found the movie unintentionally funny. One of these wrote that he would not want to see it again. "I could say it's the worst movie I've seen in some time, but I'd prefer to say it's the best at being not good."

Of particular interest to FMSF readers, however, is whether the remake included the information that Sybil's memories were the result of hypnosis, drugs, and suggestion. Indeed, see the letter from Karlin et al. in this issue for an explanation of the problems with memories "recovered" using hypnosis. In 2006 and again before the movie aired this June, the FMSF sent out information to the media informing them of newly found tapes of revealing conversations between Schreiber and Wilbur. Below is a copy of the recent press release. A letter sent by the FMSF to CBS in 2006 can be found at <http://www.FMSFonline.org>.

Most reviews, but definitely not all, assumed the historical reality of the *Sybil* story. The movie's creators tried to frame it as true by making the character representing Dr. Herbert Spiegel, who has publicly stated he disagreed with the MPD diagnosis, as particularly insensitive and ignorant of Sybil's problems. At the movie's conclusion, CBS gave some recognition to the controversy in the following context. As the movie concluded, on the screen appeared first: "During that

"Every generation gets a multiple-personality character to call its own."

"Although the truth of this story and the psychological categories it explores are still open to debate, "Sybil" seems to have been written to challenge and reward the serious performer."

McDonough, K. (2008, June 7). CBS, not 'Sybil,' suffers from split personality United Features Syndicate. Retrieved on 6/8/08 from <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20080607/LIFE/806070310>

time, multiple personality disorder became accepted as a viable psychiatric evaluation." The next screen noted: "Many colleagues continued to believe that she [Wilbur] herself created the personalities assigned to her patient." The last screen shows people finding the paintings that were done by Sybil while the following words appeared: "Finding her pictures created in a diversity of styles, giving support to the belief that they were painted by many different artists using the same hand." In other words, the different styles of the paintings were presented as evidence that they were painted by different personalities. CBS neglected to mention that artists frequently experiment and improve their own work by imitating the styles of different masters.

1. McNamara, M. (2008, June 7) 'Sybil' doesn't give audience a chance to analyze much. *Los Angeles Times*. Retrieved on June 8, 2008 from <http://www.latimes.com/entertainment/news/reviews/tv/la-et-sybil7-2008jun07.0.6218103.story>

2. Gilbert, M. (1008, June 7). In remake of 'Sybil,' less depth and less personality. *Boston Globe*, D7.

"Oddly, the CBS movie is less sophisticated than the original despite the fact that so much progress has been made during the past 30 years in our understanding of both mental illness and child abuse."

"Over the years, a few experts have questioned Wilbur's diagnosis of Sybil, as well as the way the case was shaped by writer Flora Rheta Schreiber for her book "Sybil" on which the movies are based. The best way to have gone back to "Sybil" might have been to dramatize the way Wilbur worked and Schreiber wrote, or to go back to the case in reaction to all the controversy. To merely restate the original with less depth is, alas, an unnecessary exercise."

Gilbert, M. (2008, June 7). In remake of "Sybil," less depth and less personality. *Boston Globe*, D7.



3. Alston, J. (2008, June 9). The return of 'Sybil': A new life for a TV movie that already had plenty. *Newsweek*, 61. "I could say it's the worst movie I've seen in some time, but I'd prefer to say it's the best at being nor good."



FOR IMMEDIATE RELEASE  
TV MOVIE REVIEWER

JUNE 5, 2008

SYBIL: AN MPD HOAX

On Saturday June 7, 2008 CBS will air its remake of the movie *Sybil*, (based on the 1973 book with the same name) about an early, alleged case of "multiple-personality disorder" (MPD).

*Sybil* was the first major book/movie to tie "MPD" to child abuse. Before *Sybil* was published, there were fewer than 50 reported cases of MPD worldwide. By 1994, over 40,000 cases had been reported. *Sybil*, however, is well known to be a hoax. See, for example, *The New York Review of Books*, 44(7), April 24, 1997, "Sybil—The Making of a Disease: An Interview with Dr. Herbert Spiegel," by Mikkel Borch-Jacobsen.

Dr. Spiegel (Faculty, Columbia Medical School) reported that statements from the real "Sybil" convinced him that her "memories" were the result of suggestion by Dr. Cornelia B. Wilbur. He reports that Wilbur engaged author Flora Rheta Schreiber to write "Sybil's" case for a popular audience only after professional journals refused to publish it. He refused to lend his name and credentials to co-author the work when asked to do so by Wilbur and Schreiber.

The 2006 book *The Bifurcation of the Self: The History and Theory of Dissociation and Its Disorder* (Springer) by Professor Robert Rieber (Fordham University) documents how the hoax was perpetrated. Rieber had access to the original Schreiber/Wilbur interview tapes made when *Sybil* was being written. We learn that the "mem-

ories were a result of prolonged hypnosis and, to quote Dr. Wilbur: "Uh, the first time we got any memories back was when I gave her Pentothal ..." (Rieber, page 217)

Wilbur's treatment of "Sybil" required eleven years and a total of 2,254 sessions.

In a letter to Dr. Wilbur, (reprinted in Rieber page 91) Schreiber reports that she had visited "Sybil's" hometown but was unable to find anyone to corroborate the awful things that supposedly happened to "Sybil" there. Schreiber was also unable to find the "woods" where many incidents allegedly occurred.

Will the CBS remake of *Sybil* include the information documenting "Sybil's" MPD as a hoax? Does it matter? Yes! Bitter experience shows that when the media give credence to psychological anomalies, they spread wildly.

Media coverage played a pivotal role in the dissemination of McMartin preschool copycat cases in the mid 1980's, the spread of the "Satanic Panic" and alien abduction sightings in the 1990's, and in widely held beliefs about "repressed" memories of childhood abuse.

*Sybil* played a substantial role in a cultural and psychiatric tsunami, later known as the "false" or "recovered" memory debate. In spite of professional skepticism about MPD and multi-million dollar malpractice suits by former MPD patients, there is danger of unleashing another tsunami unless the truth is told.

Does anyone care? Yes! As Oprah Winfrey's recent experience over the fraudulent James Frey memoir *A Million Little Pieces* shows, the public really does care to know whether the material served them by the media is fact or fiction.

FOR MORE INFORMATION:

<http://www.fmsfonline.org/sybil.html>



**Never Underestimate the Lack of Common Sense?**

The local school board in Barrie, Ontario, made a report to the Children's Aid Society (CAS) that 11-year-old Victoria, the autistic daughter of Colleen Leduc, was a victim of child abuse. The evidence? A psychic reading!

On May 30, 2008, Ms. Leduc received a phone call telling her to come to the school to meet with her daughter's teacher and the principal. The teacher explained that an assistant in her classroom had visited a psychic who asked her if she worked with a little girl with the initial V. When the assistant said "Yes," the psychic said, "Well you need to know that this girl is being sexually abused by a man between the ages of 23 and 26."

The principal showed Ms. Leduc a list of behaviors that Victoria displayed in the classroom as support. Although the behaviors were common in the class of autistic children, the principal had, nevertheless, called CAS.

Ms. Leduc soon met with officials of the Children's Aid Society who quickly closed the case.

The school superintendent then explained:

"School staff and administrators have a duty to report... when there is suspected abuse and if they believe there is reasonable grounds. However, it is the CAS that weights any package of evidence ..."

"I can say that historical and current and future practice from the board's position is that psychic readings are not regarded as evidence."

As of mid-July, Ms. Leduc had no apology from the school and does not expect one. She is looking at other schools for her daughter.

Humphreys, A. (2008, June 19). Psychic's vision sets of sex-abuse probe. *National Post*.

Retrieved on June 26, 2008 from:  
<http://www.nationalpost.com/news/story.html?id=597195>

## What Do We Do?

Whatever it is called – “age regression therapy,” “deep emotional therapy,” “repressed memory therapy” – it is alive and well in Cranbrook, British Columbia. I can attest that in 2008 this type of therapy led a bright 37-year-old professional woman to accuse her mother of sexual abuse and her father of letting it happen. The accuser’s three siblings dismiss the accusation as pure fantasy.

For most of her adult life, our daughter regularly sent us loving notes and cards, and telephoned her mom. She used to say that her mom was her best friend as well as her parent. But not now. This is what she wrote to her mother in an E-mail on Easter weekend 2008:

*....You did very sick things to me. It was not a one time event, it went on through my teen years. You came into my room at night, drunk and naked, sleepwalking, doing sick and violent things to me. Do you remember?....*

No we don’t remember. How could we? It never happened! What we do remember, indeed, will never forget, is the horrible shock at receiving this vile accusation from a daughter with whom we shared so much love.

In the past two months, we have pivoted from disbelief to anger, then to grief for the loss of our daughter and grandchildren, and to frustration at not knowing what to do. And now back to anger.

We contacted the False Memory Syndrome Foundation after finding its website. We corresponded with their contacts—all victims themselves at one time or another. We downloaded articles and read books on the subject of false memory. We watched a DVD by an affected family and we read the FMSF newsletters, especially the par-

ents’ comments.

Some things became clear: Our daughter is gone. She may come back to us later rather than sooner, or she may never come back. She may come back a returner, but not likely a retractor, and we are supposed to be thankful for that. If we try to contact her, or reason with her, it will drive her further away. There’s not a damn thing we can do!

We looked at the sad tales of parents in the FMSF newsletters and the particularly heart-breaking remarks of a granny who is trying to keep alive her grandchildren in her heart. We listened to advice about sending little messages of love to our daughter and daring to do no more lest it makes things worse. I ask you, how can they be worse? Our daughter is gone and believes the worst of us. Her belief is like a religious belief—a cult belief—and will tolerate no reason.

Our daughter was always prone to seek therapy. When things get tough, some turn to booze, some to work, some to drugs and some to religion. She turned always to therapy. This latest therapy was delivered, I believe, by an employee or employees at a center for addiction in Cranbrook, BC, although neither we nor our other three children were ever aware that this daughter had an alcohol or drug problem.

So, what do we do?

The correspondents in the recent newsletters on the internet give sad commentaries on destroyed relationships of ten or fifteen years ago when all this was rife, and even sadder proof that some kids never came back.

So what do we do?

Sit and wait for our girl to return to her family, and reintroduce our little grandchildren? Sit and shake with grief at the thought of her never returning? Hope that she will return on any terms, even without retracting these terrible accusations?

We think not.

Our daughter says she is happy now. We suspect she is not. Her therapists will wander into the sunset. For them this is a job. It isn’t their families they are destroying.

So what to do?

Well, we’ll write this letter and send it to whomever will print it.

Then we’ll get on with our retirement and enjoy the things we do and the remaining family we have—two fine sons and their partners, and a wonderful daughter, her husband and two loving grandchildren.

We’ll continue to hope that our accusing daughter will see the evil thing that has possessed her and come back to us. We will never stop loving her, but, thanks to this “therapy”, she is no longer the happy, witty, loveable girl we once knew. We can only hope that she will be so again.

Alex and Marjorie  
Grieving parents  
aaitken@cogeco.ca



## Too Painful

I just read the on-line newsletter. It reminds me how fortunate our family is that our daughter has returned to the family and has admitted “none of those awful things really happened.” She continues on her meds for bipolar disorder, stress and anxiety. She sees her therapist one a month. She started gradually back in the family in 2000 after her Dad’s death.

Our daughter has not wanted to talk about ‘those years’ and still will not. I think they are too painful and she is too ashamed.

A mom



## Out of the Blue

Our daughter returned “out of the blue” after 17 years. It happened several months ago when she telephoned and asked if she could come by to visit. We didn’t hesitate: “Yes!”

We didn’t have too much time to worry about what would happen. She

arrived and then spent about two hours with us. We talked about the good times we had within the family while she was growing up and about her life now. She told us that she is teaching English at a junior high school and that she has purchased three houses in the small town where she lives. She seemed proud to let us know that she had remodeled those houses, mostly by herself. This was quite touching because her Dad is a carpenter. She seemed happy. When she was getting ready to leave, she asked if she could visit again. We didn't hesitate: "Yes!"

She called again last night asking to come over. We agreed, but then remembered that we were attending some grandchildren's ballgames that evening. We called her back and rescheduled.

Why this return? Should we ask her? Do we want to know? Do we want to rehash the past? What does she want? Is there a guidebook for this situation? Do we go with our hearts?

She's our first-born daughter. We know that she was a victim of false memories, that she just got caught in misguided therapy. We love her. It was great to see her.

A Mom



### **Something On My Mind**

M.K., A Retractor

There is something that has been bothering me. Much of the rhetoric on false memories relates to negative behaviors of professionals. Although it may be beneficial to point out flaws, I think it would be better to introduce a positive expectation to the process of therapy. I believe that professionals would be better helped by being presented with common sense interventions that preserve the dignity of patients and that do not tread into dangerous territory.

An unspoken assumption that I find with the FMSF — and many other groups — is a belief that clients feel we deserve medical care, especially

because we have been in such long-term, intensive therapy. I do not think that this is necessarily the case.

I have had access to medical care all my life, but it was often in a way that did not help with the particular problems I had. For example, my pediatrician was a one-size-fits-all doctor who failed to address my basic problems. Why did my parents put up with such poor care? They loved me and cared about me. They made sure I got a good education.

My mother had grown up in poverty, without medical care. Although she regularly took me to the doctor, she did not have any experience of what to do when my problems were not resolved. In addition, my parents were extremely devout Catholic fundamentalists, and I grew up hearing things such as: "when you have a headache, don't take aspirin," because, they believed, that you should suffer as Jesus suffered.

It's a strange view: suffering is encouraged over relief of suffering, especially when it comes to health. Indeed, when I was growing up I found that words failed people when they tried to talk about my parents. They might say something like: "Your father is...he's ... eccentric. Your father is very eccentric." Sometimes the thoughts were never finished: "It's too bad your mother..."

My parents definitely did not believe in psychiatric care. Therapy was viewed as self-absorption and the best way to cope with problems was to "offer them up to Jesus." I suspect that there are still some people who think that "our kind doesn't do that" when it comes to therapy. People who were raised as I was, almost in an alien culture, often have a difficult time adjusting to the need for psychiatric care.

Not surprisingly, I needed therapy when I left home, but in addition, when I was in college I became ill with bipolar disorder. I was unprepared for therapy. My idea of doctors was that they were supposed to keep me out of the

hospital and that was about it.

Looking back, it seems to me that some of the therapists I encountered were upset that they "must" deal with a person who had a severe mental illness. I have never been violent and I have worked hard to remain compliant with treatment and take my medications. Yet, I think that my road to health was made more difficult by some therapists who believed that those with psychosis were "crazy" and therefore beyond or beneath help.

The problem I had with false memories was in the early 90's. It involved some bad therapy that I quickly got out of. That false memory problem, however, turned out to be one manifestation of a larger problem which was: therapists who did not listen to me. Eventually I found an excellent therapist and seeing her, along with taking medications, has helped me improve greatly.

Recently I have encountered a doctor who in my estimation is everything that a good doctor should be. I want to praise one person who stands out more than anyone else in terms of expressing compassion in an appropriate, brief manner. That person is my allergist.

I knew he was going to be different when I first started seeing him and he recommended a series of allergy shots. I got them all on time and went back to see him. He told me I had done a good job in getting them on time. I looked at the floor and mumbled something, and then he repeated it: "You did a good job." I was shocked. I was not used to praise from Doctors and especially not a doctor who would take the time to repeat himself when I didn't seem to get the point.

As the years have passed, he has continued to be attentive and I started feeling more and more that I did not deserve the help. Eventually I told him some difficult things from my past. He was very supportive and he



told me that child abuse was a tragedy, and then he said that my having gone through something bad made no difference in the way he thought about me. He said that I still deserved medical care and that he had a therapeutic relationship with me and what happened in the past, although it was bad that it affected me, did not change that.

He said that I could choose to bring it up on future visits or not, as I felt the need. But he also told me it was not his area of expertise, so that he might not necessarily know all of the 'right' things to say, but that he was willing to listen if I needed to talk about it again. This was a big relief to me.

Until he talked to me, I was not aware of the extent to which I felt upset and defensive about not feeling like I "deserved" medical care. even though I have seen a lot of doctors.

- Please, please—if you are a clinician, treat your clients with dignity. Convey to them that they deserve the help. It is not necessarily abuse and neglect that make a person feel guilty about getting help.

- Coming into therapy, seeing a psychiatrist and taking medication, may represent a profound cultural shift for some people and it would be unfortunate if false memories—or any other iatrogenic problem—developed as a result of the client feeling unworthy, unfamiliar with the therapy world, and totally at a loss as to how to deal with it, given the hostility against therapists he or she encountered growing up.

- One of the best things a doctor can do is act like my allergist and stay calm and tell patients that—no matter what the past - the doctor is open to listening to the patient, whatever did or did not happen.



"Memories are like mulligatawny soup in a cheap restaurant. It is best not to stir them."

P. G. Wodehouse

## News From France

C.A.

The False Memory Association name in France has been changed to AFSI (Alerte Faux Souvenirs Induits), and the group's Email address is: [afsi.fauxsouvenirs@wanadoo.fr](mailto:afsi.fauxsouvenirs@wanadoo.fr). In addition, a new website has been established at: <http://www.psyfm-france.fr>.

The latest news from France is the release of an official report from a government commission called the MIVILUDES<sup>[1]</sup> on April 3, 2008. The report contains a large chapter on False Memory Syndrome. This report assimilates the mental manipulation of therapists with the indoctrination of people into cults.

The chapter on False Memories was written by Delphine Guerard. She is a psychologist who has worked for many years in Paris in the UNADFI Association,<sup>[2]</sup> fighting against cults and the "sectarian drifts" of some therapists. She has helped many French families understand what has happened when their children, after regression therapy, have accused them of horrible childhood abuse. Ms. Guerard now works on a private basis helping the AFSI Association.

The good news is that nearly all the French newspapers, television stations, and radio stations gave a great deal of attention to this report. The report has also been transmitted to the French Prime Minister. We are optimistic that this report will help therapists and doctors understand the problem of false memories, and, as a consequence, the professionals will be better able to help families.

1. Inter Ministerial Mission for Vigilance Towards Cults (Sectes en français).
2. Union Nationale des Associations de Defense des Familles et de l'Individu Victimes de Sectes. (National Union of Associations in Defense of Families and Individuals).



## Remembering the Future

"Without breaking sweat, you can hurtle yourself backwards or forwards in time in your mind's eye—what is known as "mental time travel." ... "[T]he act of conjuring them up [can feel] very similar. It's as if, embedded somewhere in your brain, there is a time machine that can take you forwards and backwards at will"

"... After more than a century of focusing on just one aspect of mental time travel—remembering the past—... scientists are turning their minds to a bigger question: what if we have been looking at only half the picture? What if the thing we call "memory" works both ways, helping us both recall the past and imagine the future."

"Evidence is accumulating of an intimate mental connection between recalling the past and imagining the future. ...[P]eople who have lost their memories also lose their ability to imagine the future, and that the brain regions that are used for remembering are also used for imagining. These similarities may help explain some of our memory's weaknesses, and even suggest that we are built to spend much of our lives engaged in mental time travel."

"From an evolutionary perspective, this might make sense, according to University of Toronto neuroscientist Endel Tulving: It is hard to imagine how personal recall alone might be evolutionarily useful, but if remembering how cold and hungry you were last winter helps you realize the benefits of putting food away for the next one, or convinces you to plant a few of your grains instead of eating them all, you stand a much better chance of surviving than someone who cannot project themselves backwards and forward in time. 'I cannot imagine how civilization could emerge from brains that cannot imagine the future,' Tulving says."

Marshall, J. (2007, March 24). Future recall: If you thought that memory was all about making a record of the past, think again. *New Scientist*, Cover Story, 36-40.

## Henry Roediger Receives Prestigious Award

The Society of Experimental Psychologists awarded the Warren Medal to FMSF Scientific Advisory Board member Professor Henry Roediger at its Annual Meeting in April 2008. This is the Society's highest honor and was given to him for "his creative experimental investigations of false memory and its underlying processes that have led to a new understanding of human memory." The presenters said that Roediger's work "has become a central thrust in the study of false memory--one of the most exciting and important new areas of research in cognitive psychology and cognitive neuroscience in the last 30 years." Four Warren Medal winners have gone on to win the Nobel Prize.

The Society was founded in 1904 and it is an honorary elected group of about 200 psychologists. They select one person each year to receive the medal for "outstanding recent work in experimental psychology." Four Warren Medal winners have gone on to win the Nobel Prize.

Henry "Roddy" Roediger III, Ph.D. is the James S. McDonnell distinguished University Professor in Arts & Sciences at Washington University in St. Louis. With collaborator Kathleen McDermott, Ph.D., he developed a paradigm based on the work of James Deese, in which researchers can quickly and under tightly controlled laboratory conditions lead healthy adults to recall events that never happened. Participants typically recall non-presented items at a rate similar to presented items and also claim to know that the items were presented but to have a vivid memory of their presentation.



## Web Sites of Interest

<http://www.theisticsatanism.com/asp/>  
Against Satanic Panics

[comp.uark.edu/~lampinen/read.html](http://comp.uark.edu/~lampinen/read.html)  
The Lampinen Lab False Memory Reading Group,  
University of Arkansas

[www.exploratorium.edu/memory/](http://www.exploratorium.edu/memory/)  
The Exploratorium Memory Exhibit

[www.tmdArchives.org](http://www.tmdArchives.org)  
The Memory Debate Archives

<http://www.psyfmfrance.fr>  
French False Memory Group

[www.psychoheresy-aware.org/ministry.html](http://www.psychoheresy-aware.org/ministry.html)  
The Bobgans question Christian counseling

[www.IllinoisFMS.org](http://www.IllinoisFMS.org)  
Illinois-Wisconsin FMS Society

[www.ltech.net/OHIOarmhp](http://www.ltech.net/OHIOarmhp)  
Ohio Group

[www.afma.asn.au](http://www.afma.asn.au)  
Australian False Memory Association

[www.bfms.org.uk](http://www.bfms.org.uk)  
British False Memory Society

[www.geocities.com/retractor](http://www.geocities.com/retractor)  
This site is run by Laura Pasley (retractor)

[www.sirs.com/uptonbooks/index.htm](http://www.sirs.com/uptonbooks/index.htm)  
Upton Books

[www.angelfire.com/tx/recoveredmemories/](http://www.angelfire.com/tx/recoveredmemories/)  
Locate books about FMS  
Recovered Memory Bookstore

[www.religioustolerance.org/sra.htm](http://www.religioustolerance.org/sra.htm)  
Information about Satanic Ritual Abuse

[www.angryparents.net](http://www.angryparents.net)  
Parents Against Cruel Therapy

[www.geocities.com/newcosanz](http://www.geocities.com/newcosanz)  
New Zealand FMS Group

[www.peterellis.org.nz](http://www.peterellis.org.nz)  
Site run by Brian Robinson contains information  
about Christchurch Creche and other cases.

[www.werkgroepwfh.nl](http://www.werkgroepwfh.nl)  
Netherlands FMS Group

[www.falseallegation.org](http://www.falseallegation.org)  
National Child Abuse  
Defense & Resource Center

[www.nasw.org/users/markp](http://www.nasw.org/users/markp)  
Excerpts from *Victims of Memory*

[www.rickross.com/groups/fsm.html](http://www.rickross.com/groups/fsm.html)  
Ross Institute

[www.enigma.se/info/FFI.htm](http://www.enigma.se/info/FFI.htm)  
FMS in Scandinavia - Janet Hagbom

[www.ncrj.org/](http://www.ncrj.org/)  
National Center for Reason & Justice

[www.lyingspirits.com](http://www.lyingspirits.com)  
Skeptical Information on Theophostic Counseling

[www.ChildrenInTherapy.org/](http://www.ChildrenInTherapy.org/)  
Information about Attachment Therapy

[www.traumaversterking.nl](http://www.traumaversterking.nl)  
English language web site of Dutch retractor.

[www.quackwatch.org](http://www.quackwatch.org)  
This site is run by Stephen Barrett, M.D.

[www.stopbadtherapy.org](http://www.stopbadtherapy.org)  
Contains information about filing complaints.

[www.FMSFonline.org](http://www.FMSFonline.org)  
Web site of FMS Foundation.

## Legal Web Sites of Interest

- [www.caseassist.com](http://www.caseassist.com)
- [www.findlaw.com](http://www.findlaw.com)
- [www.legalengine.com](http://www.legalengine.com)
- [www.accused.com](http://www.accused.com)

## Elizabeth Loftus

[www.seweb.uci.edu/faculty/loftus/](http://www.seweb.uci.edu/faculty/loftus/)

## The Rutherford Family Speaks to FMS Families

The DVD made by the Rutherford family is *the* most popular DVD of FMSF families. It covers the complete story from accusation, to retraction and reconciliation. Family members describe the things they did to cope and to help reunite. Of particular interest are Beth Rutherford's comments about what her family did that helped her to retract and return.

**Available in DVD format only:**

**To order send request to**

FMSF -DVD, 1955 Locust St.  
Philadelphia, PA 19103

\$10.00 per DVD; Canada add \$4.00;

other countries add \$10.00

Make checks payable to FMS  
Foundation

## Recommended Books

### Remembering Trauma

Richard McNally

### Science and Pseudoscience in Clinical Psychology

S. O. Lilienfeld, S.J. Lynn, J.M. Lohr (eds.)

### Psychology Astray:

### Fallacies in Studies of "Repressed Memory" and Childhood Trauma

by Harrison G. Pope, Jr., M.D.

## CONTACTS & MEETINGS - UNITED STATES

### ALABAMA

See Georgia

### ALASKA

Kathleen 907-333-5248

### ARIZONA

Phoenix

Pat 480-396-9420

### ARKANSAS

Little Rock

Al & Lela 870-363-4368

### CALIFORNIA

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Jocelyn 530-570-1862

San Francisco & North Bay

Charles 415-435-9618

San Francisco & South Bay

Eric 408-738-0469

East Bay Area

Judy 925-952-4853

Central Coast

Carole 805-967-8058

Palm Desert

Eileen and Jerry 909-659-9636

Central Orange County

Chris & Alan 949-733-2925

Covina Area

Floyd & Libby 626-357-2750

San Diego Area

Dee 760-439-4630

### COLORADO

Colorado Springs

Doris 719-488-9738

### CONNECTICUT

S. New England

Paul 203-458-9173

### FLORIDA

Dade/Broward

Madeline 954-966-4FMS

Central Florida - Please call for mtg. time

John & Nancy 352-750-5446

Sarasota

Francis & Sally 941-342-8310

Tampa Bay Area

Bob & Janet 727-856-7091

### GEORGIA

Atlanta

Wallie & Jill 770-971-8917

### ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen 847-985-7693 or

Liz & Roger 847-827-1056

Peoria

Bryant & Lynn 309-674-2767

### INDIANA

Indiana Assn. for Responsible Mental  
Health Practices

Pat 317-865-8913

Helen 574-753-2779

### KANSAS

Wichita - Meeting as called

Pat 785-762-2825

### KENTUCKY

Louisville- Last Sun. (MO) @ 2pm

Bob 502-367-1838

### LOUISIANA

Sarah 337-235-7656

### MAINE

Rumford

Carolyn 207-364-8891

Portland - 4th Sun. (MO)

Bobby 207-878-9812

### MARYLAND

Carol 410-465-6555

### MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank 978-263-9795

### MICHIGAN

Greater Detroit Area

Nancy 248-642-8077

Ann Arbor

Martha 734-439-4055

### MINNESOTA

Terry & Collette 507-642-3630

Dan & Joan 651-631-2247

### MISSOURI

Kansas City - Meeting as called

Pat 785-738-4840

Springfield - Quarterly (4th Sat. of Apr.,

Jul., Oct., Jan.) @12:30pm

Tom 417-753-4878

Roxie 417-781-2058

### MONTANA

Lee & Avone 406-443-3189

### NEW HAMPSHIRE

Jean 603-772-2269

Mark 802-872-0847

### NEW JERSEY

Sally 609-927-4147 (Southern)

Nancy 973-729-1433 (Northern)

### NEW MEXICO

Albuquerque - 2nd Sat. (BI-MO) @1 pm

Southwest Room -Presbyterian Hospital

Maggie 505-662-7521(after 6:30pm) or

Sy 505-758-0726

### NEW YORK

Westchester, Rockland, etc.

Barbara 914-922-1737

Upstate/Albany Area

Elaine 518-399-5749

### NORTH CAROLINA

Susan 704-538-7202

### OHIO

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Bob & Carole 440-356-4544

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Dee 405-942-0531

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Jim & Jo 610-783-0396

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Kate 615-665-1160

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Jo or Beverly 713-464-8970

El Paso

Mary Lou 915-595-2966

### UTAH

Keith 801-467-0669

### VERMONT

Mark 802-872-0847

### WASHINGTON

See Oregon

### WISCONSIN

Katie & Leo 414-476-0285 or

Susanne & John 608-427-3686

### WYOMING

Alan & Lorinda 307-322-4170

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Victoria & Vancouver Island

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### NEW ZEALAND

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### SWEDEN

Ake Moller FAX 48-431-217-90

### UNITED KINGDOM

The British False Memory Society

Madeline 44-1225 868-682

Deadline for the FALL 2008 issue is  
September 10. Meeting notices **MUST**  
be in writing and should be sent no later  
than **two months before meeting.**



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**Do you have access to e-mail?** Send a message to

pjfc@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

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